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CONFIRMATION NO. 4407

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**\*\* CONTINUING DATA \*\*\*\*\*** *OK KAM*  
 This application is a DIV of 09/922,909 08/06/2001 PAT 6,662,805 which is a CIP of 09/825,632  
 04/04/2001 PAT 6,886,568 *OK KAM*  
 which is a CIP of 09/712,662 11/14/2000 PAT 6,637,437 *OK KAM*  
 which is a CIP of 09/275,319 03/24/1999 PAT 6,378,527 *OK KAM*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 03/10/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 4
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35 USC 119 (a-d) conditions met ☐ yes ☐ no ☐ Met after Allowance *KAM*

Verified and Acknowledged  
 Examiner's Signature \_\_\_\_\_ Initials *KAM*

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**TITLE**  
 Method for composite cell-based implants

<b>FILING FEE RECEIVED</b> 455	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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